

WISCONSIN DEATH CERTIFICATE APPLICATION

PENALTIES: Any person who willfully and knowingly makes false application for a death certificate is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than three years and six months or both per Chapter 69.24 (1), Wisconsin Statutes].

DEATH INFORMATION	FULL NAME OF DECEDENT (First, Middle, LAST)		DECEDENT'S DATE OF DEATH	
	PLACE OF DEATH		CITY, VILLAGE, TOWNSHIP	
	DECEDENT'S SOCIAL SECURITY NUMBER		DECEDENT'S AGE / BIRTHDATE	DECEDENT'S OCCUPATION
APPLICANT INFORMATION	THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION			
	YOUR Name (Please Print)		YOUR Daytime Telephone Number ()	
	YOUR Street Address	Apt. No.	MAIL TO Address (if different)	Apt. No.
	City / State / Zip		City / State / Zip	
RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE	According to Wisconsin State Statute, a CERTIFIED copy of a death certificate is only available to a person with a "Direct and Tangible Interest." If you do not meet the criteria for boxes A – D, please refer to instructions on the back.			
	Check one box which indicates YOUR RELATIONSHIP to the PERSON NAMED (decedent) on the death certificate.			
	CERTIFIED COPY			
	<input type="checkbox"/> A. I am a member of the immediate family of the PERSON NAMED on the death certificate. (Only those listed below qualify as immediate family.) <div style="text-align: center;">CHECK ONE: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Grandparent</div>			
	<input type="checkbox"/> B. I am the legal custodian or guardian of the PERSON NAMED on the death certificate.			
	<input type="checkbox"/> C. I am a representative who is authorized , in writing by any of the aforementioned (A through B). The written authorization must accompany this application. Specify whom you represent. _____			
	<input type="checkbox"/> D. I can demonstrate that the information from the death certificate is necessary for the determination or protection of a personal or property right for myself/my client/my agency (includes funeral director, informant and medical certifier named on the record). Specify interest. _____			
	NON-CERTIFIED COPY			
	<input type="checkbox"/> E. I am a direct descendant of the PERSON NAMED on the death certificate (blood grandchild, great grandchild, etc.). (I may receive a non-certified copy of both the "Fact of Death" certificate and the "Extended Fact of Death" certificate.)			
	<input type="checkbox"/> F. Other: Non-certified copy only. Copy will not be valid for legal purposes. (Refer to instructions on the back.)			
FEES	<input type="checkbox"/> First copy (The fee is for a search and the first copy.) <input type="checkbox"/> Fact of Death or <input type="checkbox"/> Extended Fact of Death \$ 20.00 <u>20.00</u>			
	<input type="checkbox"/> Each additional copy of the same certificate, issued at the same time as the first copy.			
	(post 2002 deaths) <input type="checkbox"/> Fact of Death Certificate (without cause of death and disposition) (can be used for banking and most other financial transactions)		_____ X \$ 3.00 _____	
	(all pre-2003 deaths) <input type="checkbox"/> Extended Fact of Death Certificate (with cause of death and disposition) (can be used for insurance benefit claims)		_____ X \$ 3.00 _____	
			No. of Copies	
NOTE: FIRST COPY FEE IS NOT REFUNDABLE IF RECORD IS NOT FOUND.				
TOTAL _____				
I hereby attest that the information provided on this application is correct to the best of my knowledge and belief and that I am entitled to the requested death certificate(s) in accordance with the categories listed above.				
SIGNATURE - Applicant			Today's Date	
OFFICE USE ONLY		CERTIFICATE NUMBER		ID VERIFICATION (for in-person request)